

CHIA Standard Statistics: Commercial Health Insurance Benefit Levels (Actuarial Values)



Time Period/Data Year(s): CY2011 – CY2014

Governing Legislation: M.G.L. c. 12C, section 10; Regulation 114.5 CMR 21.00 [Note: a new regulation is pending]

Description	CHIA's Benefit Level statistic measures the proportion of medical claim costs borne by the members of primary medical health insurance plans in the Massachusetts commercial market. Benefit levels are measured by actuarial value, the paid-to-allowed ratio adjusted for certain collected rating factors.
Frequency	Benefit level data is collected as part of the Annual Premiums Data Request, which is released each February, with data submissions requested by mid-/late-May.
Statutory Definition	CHIA is required to report on "changes in the benefit and cost-sharing design of plans."
Data Submitters	Ten largest private commercial payers in the Massachusetts health insurance market.
Data Included	As part of the Annual Premiums Data Request, payers submit aggregate data for their primary, medical, commercial Massachusetts contract-membership for the previous three calendar years. Submitted benefit level data - which relies upon submitted Allowed and Incurred Claims data and rating factor information - is broken out by funding type (fully-/self-insured), market sector (employer size), product type (HMO/PPO), and benefit design type (High Deductible Health Plan/Tiered Networks). Benefit level data is frequently paired with other financial data (e.g., premiums) for context on health plan "value."
Quality Assurance Process	<p>Data submitted as part of the Annual Premiums Data Request undergoes a two-stage quality assurance and verification process:</p> <ol style="list-style-type: none"> 1. Internal & External Validity Checks: Along with CHIA's actuary, CHIA runs internal and external validity checks on all payer-submitted data. Internal validity checks are run on payer-submitted data for point-in-time and trend consistency and reasonableness. External checks are also run, comparing payer-submitted data against other payer-submitted state and federal reports, including the Supplemental Health Care Exhibit, the Massachusetts Annual Comprehensive Financial Statement, and the CCIO Medical Loss Ratio Reporting Form. Where discrepancies are found and confirmed, CHIA requests revised data submissions from payers. 2. PMPM Validation: After a payer's submission passes CHIA's internal and external validity checks, CHIA asks payers for final verification of key PMPM figures prior to reporting. (Note: only critical PMPMs are returned to payers for verification – this limits verification to approximately 200 values, compared to the thousands possible.)

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Reports	<p>Benefit level data are profiled in CHIA's</p> <ul style="list-style-type: none">• <i>Annual Report on the Performance of the Massachusetts Health Care System</i> (Released each August/September)• <i>Performance of the Massachusetts Health Care System Briefing Series</i> (Released each Fall/Winter) <p>Reports include databooks, chartpacks, and technical appendices.</p>
Data Notes	<p>Important notes about data received from the Annual Premiums Data Request:</p> <ul style="list-style-type: none">• Massachusetts contract-membership includes non-Massachusetts residents.• Each year's Premium Request submissions include slight methodological refinements and the addition of several payers. See relevant technical notes.
How to Obtain Data	<p>Most aggregate data from the Annual Premiums Data Request are published annually in databooks on CHIA's website concurrently with the reports noted above.</p>
Related CHIA Measures	<p>CHIA's average Cost-Sharing statistic measures the actual dollar amounts paid by members, while benefit levels track the percentage of claims dollars that members pay, adjusted for various member and group factors.</p>
Questions?	<p>Questions may be directed to Kevin McAvey, Manager of Analytics, at Kevin.McAvey@state.ma.us, or Kevin Meives, Senior Health System Policy Analyst, at Kevin.Meives@state.ma.us.</p>

